Nebraska Practice Model Division of Children and Family Services Intervention & Planning Supports Safety Plans • Quality Case Manager Visits with the Child, **Educational Plans Mother and Father Independent Living Plans** Family First • Informal Supports, Relatives & Kin Case Plans • Evidence Based/Supported/ • Cultural Plans **Promising Practice & Services** With Family, With Others Highly Trained and Supported Workforce **Teaming Assessment Family Team Meetings** • Fidelity with Structured Decision **Considering Multiple Perspectives** Making (SDM)® **Coming Together To Prevent** • Drives Case Planning, Decision-Removals **Making and is Continual** • With Each Other for Assistance • Considers History & Patterns of and Support **Behavior Valuing Partnerships with Others** Individualized & Strengths Based to Enhance Communication and **Create Efficiencies Empathy & Accountability NEBRASKA** • A Focus on Strengths, Hope, Honesty and **Family Engagement Motivation**

Parental Involvement and Family Voice is

the Gold Standard

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

NEBRASKA PRACTICE MODEL Division of Children and Family Services

ELEMENTS	WHAT IT MEANS	DDACTICE	OUTCOMES
	WHAT IT MEANS	PRACTICE Specific opportunities to practice Family Engagement will occur:	OUTCOMES Safety
Family Engagement	Family-centered & strengths-based approach to partnering with families when making decisions, setting goals, & achieving desired outcomes. This is the foundation from which change occurs.	 Throughout the formal & informal assessment process When conducting case manager visits with children & families during the initial assessment & on-going case management process By involving families in safety planning, case planning and & during progress monitoring During activities related to identifying family members and kin By encouraging children and their families to have an active role and voice and successfully accomplishing sustainable shared goals 	When families are engaged & committed to changing their situations, children are safer & more likely to remain in their own homes. Expanded Placement Options Involving all family & extended family members early in the planning process provides a greater opportunity to explore the use of relatives as placement/permanency options for children. Building Family Decision-Making Skills Modeling & engaging in strengths-based processes help families explore & communicate their own problem-solving strategies.
Teaming	Child welfare is a community effort & requires a team. Teaming means becoming a member of, or leading a group to bring needed resources to the critical issues faced by children & families. Teaming is about defining and demonstrating a unified effort, common purpose and clear roles and responsibilities that support positive change.	 Common practices of Teaming occur: During the facilitation of Family Team Meetings During safety and case planning When exploring how to prevent a removal When exploring placement options during visitation planning, reunification and permanency planning During activities with the family When planning for case closure 	Teaming holds team members accountable for their actions, keeping commitments and following through with agreed upon responsibilities. Engaging children and families, as an involved part of an accepting and empathetic team, who can confront difficult issues and will effectively assist in the process toward positive change. Teams who are strengths-based collaborate to achieve common goals.
Assessment	The skill of continuously gathering, analyzing and using information about children, youth and families to determine their strengths, needs, cultural practices and wishes. Assessments are individualized and strengths-based and completed in partnership with children, youth and family members, and is the foundation for case planning.	 Strengths-based Assessments are developed with attention to: The family's underlying needs Engaging the family with developing interventions that address the safety threats, the protective capacities of the family and the child's vulnerability and in conjunction with the policy on Structured Decision Making® Assessments 	Identifies the changes needed to achieve safety, permanency and well-being. Assessments set the direction for creating effective & mutually developed case plans. Assessing needs and providing services to parents was significantly associated with achieving permanency outcomes (CFSR 2001-2004).
Planning	The skill necessary to design the incremental steps that move children and families from where they are to a better level of functioning. The case planning process is a continuous cycle of working together; assessing progress and updating the plan to reflect that progress; documenting changes in family circumstances and new assessment information.	 Case Planning will: Incorporate input from family members & formal and informal supports Identify family strengths Utilize available assessments Identify services that address the family's needs and includes specific steps and services that assist the family in achieving safety, permanency, and the child's well-being Anticipate transitions, and is regularly updated Address safety and identify permanency goals, including a concurrent permanency goals and plans Is culturally sensitive 	When families are engaged and supported to have a significant role in case planning, they are more motivated to actively commit to achieving the goals in the case plan. Additionally, families are more likely to recognize and agree with the identified problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process. The case plan is a living document that reflects ongoing input from the family, reflecting their voice and is reviewed and updated throughout the life of the case. (Antle, Christensen, van Zyl, & Barbee, 2012; Healy, Darlington, & Yellowlees, 2011; Dawson & Berry, 2001; Jones, McGura, & Shyne, 1981)
Intervention & Supports	The skill of intervening with actions that will decrease risk, provide for safety, promote permanence and establish wellbeing. Ensuring that the formal and informal interventions & supports occur in a timely manner and with sufficient intensity, frequency and sequence to produce sustainable and beneficial results.	 Interventions and Supports are designed to: Be individualized, culturally appropriate, trauma informed, strengths-based services and supports they need and as assessed Respect their cultural, ethnic, and religious heritage Be provided in the home-based and neighborhood-based settings that are most appropriate to meet the needs identified through the assessment process Keep siblings together or in close proximity. When this is not possible or appropriate, siblings should have frequent opportunities to visit each other 	Case manager visits with parents and children are associated with stronger performance on permanency outcomes and placement stability. Every family and child is different, as is their environment and the circumstances that brought them to the attention of the child welfare system. The ability to individualize services to parents enhances a parent's capacity to care for their children. Community-based practice first and foremost means that the services for families engaged in child welfare are provided in and by their community. Placing children with kin and marinating critical connections are associated with increased child well-being.